Student's Name/Initials	I	Date	Teacher's Initials	Date	
	Emergency N	ledical Services (EMS) 4			
are not intended to represent the A, B, C, and D. The description a below. PERFORMANCE RATING 3 - Skilledcan perform task independently with no 2 - Moderately skilledcan perform task completely 1 - Limitedly skilledrequires instruction and close s	traditional school grading synssociated with each of the respectively. Supervision with limited supervision supervision	estem of atings focuses on the level of 3 - <u>Know</u> 2 - <u>Mode</u> 1 - <u>Limite</u>	s focuses on the level of student performance or cognition for each of the competer COGNITIVE RATING 3 - Knowledgeablecan apply the concept to solve problems 2 - Moderately knowledgeableunderstands the concept 1 - Limited knowledgerequires additional instruction		
N - No exposure-has no experience or knowledge	of this task	N - <u>No e</u>	xposurehas not received instruc	tion in this area	
UNIT A: PREPARATORY Introduction to Emergency Medical Care 3 2 1 N 1. Define emergency medical services (EMS) systems. 2. Differentiate the roles and responsibilities of the EMT-Basic from other prehospital care providers. 3. Describe the roles and responsibilities related to personal safety. 4. Discuss the roles and responsibilities of the EMT-Basic toward the safety of the crew, the patient, and bystanders. 5. Define quality improvement, and discuss the EMT-Basic's role in the process. 6. Define medical direction, and discuss the EMT-Basic's role in the process. 7. State the specific statutes and regulations in South Carolina regarding the EMS system. 8. Assess areas of personal attitude and conduct of the EMT-Basic. 9. Characterize the various methods used to access the EMS system in your community.	the wh dea	t possible emotional reactions EMT-Basic may experience en faced with trauma, illness, ath, and dying. It is to be a secure of the possible reactions the possible reactions the possible may exhibit when the steps in the EMT-Basic proach to the family confronted hath and dying. It is the possible reactions that and of the EMT-Basic may execute to their outside involvement	12. 13. 14. 14. 15. 16.	Explain the rationale for serving as an advocate for the use of appropriate protective equipment. Use appropriate personal protective equipment given a scenario with potential infectious exposure. Remove and discard the protective garments at the completion of the scenario. Complete disinfection/cleaning and all reporting documentation given a scenario with potential infectious exposure. Ethical Issues Define the EMT-Basic scope of practice. Discuss the importance of Do Not Resuscitate (DNR) (advance directives) and local or state provisions regarding EMS application. Define consent and discuss the methods of obtaining consent. Differentiate between expressed and implied consent. Explain the role of consent of minors in providing care. Discuss the implications for the EMT-Basic in patient refusal of transport. Discuss the issues of abandonment,	

bloodborne pathogens, and exposure to airborne pathogens.

__ _ _ _ 8. State the conditions necessary for the EMT-Basic to have a duty to act.

		Explain the importance, necessity, and legality of patient confidentiality.		and children). Identify normal and abnormal skin			with assessing the skin color, temperature, condition, and capillary
	10.	Discuss the considerations of the EMT-Basic in issues of organ retrieval.		colors. Differentiate between pale, blue, red, and yellow skin color.		35.	refill in infants and children. Demonstrate the skills associated with assessing the pupils.
	11.	Differentiate the actions that an EMT-Basic should take to assist in	 11.	Identify normal and abnormal skin temperatures.		36.	Demonstrate the skills associated with obtaining blood pressure.
	12.	the preservation of a crime scene. State the conditions that require an		Differentiate between hot, cool, and cold skin temperatures.		37.	Demonstrate the skills that should be used to obtain information from
	_	EMT-Basic to notify local law enforcement officials.	 13.	Identify normal and abnormal skin conditions.			the patient, family, or bystanders at the scene.
	13.	Explain the role of EMS and the EMT-Basic regarding patients with		Identify normal and abnormal capillary refill in infants and children.	Lifting and I	Moving	Patients
	4.4	DNR orders.	 15.	Describe the methods to assess the			
	14.	Explain the rationale for the needs,	16	pupils.	3 2 1	N 1	Define hady machanias
		benefits, and usage of advance directives.		Identify normal and abnormal pupil size.		_ '.	Define body mechanics. Discuss the guidelines and safety
	15	Explain the rationale for the concept		Differentiate between dilated (big)			precautions that need to be followed
		of varying degrees of DNR.		and constricted (small) pupil size.			when lifting a patient.
		, 5 5		Differentiate between reactive and		3.	Describe the safe lifting of cots and
The Humar	n Body			nonreactive pupils and equal and			stretchers.
				unequal pupils.		4.	Describe the guidelines and safety
3 2 1	N	I don tife the fellowing to a good big	 19.	Describe the methods to assess			precautions for carrying patients
	1.	Identify the following topographic	20	blood pressure. Define systolic pressure.		5.	and/or equipment.
		terms: medial, lateral, proximal, distal, superior, inferior, anterior,		Define diastolic pressure.		5.	Discuss one-handed carrying techniques.
		posterior, midline, right and left,		Explain the difference between		6.	Describe correct and safe carrying
		mid-clavicular, bilateral, and mid-		auscultation and palpation for		_ •	procedures on stairs.
		axillary.		obtaining a blood pressure.		7.	State the guidelines for reaching
	2.	Describe the anatomy and function	 23.	Identify the components of the			and their application.
		of the following major body systems:		SAMPLE history.		8.	Describe correct reaching for log
		respiratory, circulatory,		Differentiate between a sign and a		0	rolls.
		musculoskeletal, nervous, and endocrine.		symptom. State the importance of accurately		9.	State the guidelines for pushing and pulling.
		endocine.	 25.	reporting and recording the baseline		10	Discuss the general considerations
Baseline Vi	ital Signs	s and Sample History		vital signs.			of moving patients.
	J	,		Discuss the need to search for		11.	State three situations that may
3 2 1	N			additional medical identification.			require the use of an emergency
	1.	Identify the components of vital		Explain the value of performing the			move.
	0	signs.		baseline vital signs.		12.	Identify the following patient
	2.	Describe the methods to obtain a breathing rate.	 28.	Recognize and respond to the feelings patients experience during			carrying devices: wheeled ambulance stretcher, portable
	3.	Identify the attributes that should be		assessment.			ambulance stretcher, stair chair,
	0.	obtained when assessing breathing.		Defend the need for obtaining and			scoop stretcher, long spine board,
	4.	Differentiate between shallow,	 	recording an accurate set of vital			basket stretcher, and flexible
		labored, and noisy breathing.		signs.			stretcher.
	5.	Describe the methods to obtain a		Explain the rationale for recording		13.	Explain the rationale for properly
	•	pulse rate.		additional sets of vital signs.			lifting and moving patients.
	6.	Identify the information obtained	 31.	Explain the importance of obtaining a		14.	Prepare each of the following
	7.	when assessing a patient's pulse. Differentiate between a strong,	32	SAMPLE history. Demonstrate the skills involved in			devices for use, transfer a patient to the device, properly position the
	_ ′.	weak, regular, and irregular pulse.		assessment of breathing.			patient on the device, move the
	8.	Describe the methods to assess the		Demonstrate the skills associated			device to the ambulance, and load
		skin color, temperature, and		with obtaining a pulse.			the patient into the ambulance, all
		condition (capillary refill in infants		Demonstrate the skills associated			while working with a partner:

	15.	wheeled ambulance stretcher, portable ambulance stretcher, stair chair, scoop stretcher, long spine board, basket stretcher, and flexible stretcher. Demonstrate techniques for the transfer of a patient from an ambulance stretcher to a hospital stretcher while working with a partner. AIRWAY	 18. 19. 20. 21.	mouth-to-mouth and mouth-to- stoma artificial ventilation. Describe how to measure and insert an oropharyngeal (oral) airway. Describe how to measure and insert a nasopharyngeal (nasal) airway. Define the components of an oxygen delivery system. Identify a nonrebreather facemask and state the oxygen flow requirements needed for its use. Describe the indications for using a nasal cannula versus a nonrebreather facemask.	 	 	_ 37. _ 38. _ 39. _ 40.	oropharyngeal (oral) airway. Demonstrate how to insert a nasopharyngeal (nasal) airway. Demonstrate the correct operation of oxygen tanks and regulators. Demonstrate the use of a nonrebreather facemask, and state the oxygen flow requirements needed for its use. Demonstrate the use of a nasal cannula, and state the flow requirements needed for its use. Demonstrate how to artificially ventilate the infant and child patient.
	1.	Name and label the major structures of the respiratory system on a	 22.	Identify a nasal cannula and state the flow requirements needed for its			_ 41.	Demonstrate oxygen administration for the infant and child patient.
	2.	diagram. List the signs of adequate breathing.	23.	use. Explain the rationale for basic life	UNI	ГC:		PATIENT ASSESSMENT
	3.	List the signs of inadequate		support artificial ventilation and				
	4.	breathing. Describe the steps in performing the head-tilt chin-lift.		airway protective skills taking priority over most other basic life support skills.		ne Size-U 2 1 N		
	5.	Relate mechanism of injury to	24.	Explain the rationale for providing			_ 1.	Recognize hazards/potential
	_	opening the airway.		adequate oxygenation through high-			_	hazards.
	6.	Describe the steps in performing the jaw thrust.		inspired oxygen concentrations to patients who, in the past, may have			_ 2.	Describe common hazards found at the scene of a trauma where a
	7.	State the importance of having a suction unit ready for immediate use when providing emergency care.	 25.	received low concentrations. Demonstrate the steps in performing the head-tilt chin-lift.			_ 3.	medical patient is present. Determine whether or not the scene safe to enter.
	8.	Describe the techniques of	 26.	Demonstrate the steps in performing			4.	Discuss common mechanisms of
	^	suctioning.	07	the jaw thrust.			_	jury/nature of illness.
	9.	Describe how to artificially ventilate a patient with a pocket mask.		Demonstrate the techniques of suctioning.			_ 5.	Discuss the reason for identifying the total number of patients at the
	10.	Describe the steps in performing the skill of artificially ventilating a patient	 28.	Demonstrate the steps in providing mouth-to-mouth artificial ventilation			6.	scene. Explain the reason for identifying
		with a bag valve-mask while using the jaw thrust.		with body substance isolation (barrier shields).			_ 0.	a need for additional help or assistance.
	11.	List the parts of a bag-valve-mask	 29.	Demonstrate how to use a pocket			_ 7.	
	12	system. Describe the steps in performing the	30	mask to artificially ventilate a patient. Demonstrate the assembly of a bag-				members to evaluate scene safety prior to entering.
	12.	skill of artificially ventilating a patient	 50.	valve-mask unit.			8.	Serve as a model for others
		with a bag-valve-mask for one and	 31.	Demonstrate the steps in performing				explaining how patient situations
	13	two rescuers. Describe the signs of adequate		the skill of artificially ventilating a patient with a bag-valve-mask for				affect one's evaluation of mechanism of injury or illness.
	10.	artificial ventilation using the		one and two rescuers.			9.	
		bag-valve-mask.	 32.	Demonstrate the steps in performing			_	identify potential hazards.
	14.	Describe the signs of inadequate artificial ventilation using the		the skill of artificially ventilating a patient with a bag-valve-mask while	Initia	ıl Assess	ment	
	15	bag-valve-mask. Describe the steps in artificially	33	using the jaw thrust. Demonstrate artificial ventilation of a	3	2 1 N		
— · — · — · — ·	10.	ventilating a patient with a flow	 55.	patient with a flow restricted, oxygen-	_		1.	Summarize the reasons for forming
		restricted, oxygen-powered		powered ventilation device.			_	a general impression of the patient.
	40	ventilation device.	 34.	Demonstrate how to artificially			_ 2.	Discuss methods of assessing
	16.	List the steps in performing the actions taken when providing	35.	ventilate a patient with a stoma. Demonstrate how to insert an			3.	altered mental status. Differentiate between assessing the

	altered mental status in the adult,	2	22.	Demonstrate the techniques for				and physical exam that is performed
	child, and infant patient.			assessing mental status.				for responsive patients with no
 4.	Discuss methods of assessing the	2	23.	Demonstrate the techniques for				known prior histories and
	airway in the adult, child, and infant			assessing the airway.				responsive patients responsive with
	patient.	2	24.	Demonstrate the techniques for				known prior histories.
 5.	State reasons for management of			assessing whether or not the patient			3.	Describe the unique needs for
	the cervical spine once the patient			is breathing.			=	assessing an individual who is
	has been determined to be a trauma	2	25.	Demonstrate the techniques for				unresponsive or who has an altered
	patient.			assessing whether or not the patient				mental status.
6.	Describe methods used for			has a pulse.			4.	Differentiate between the
	assessing whether or not a patient	2		Demonstrate the techniques for			_	assessment that is performed for a
	is breathing.			assessing the patient for external				patient who is unresponsive or who
7.	State what care should be provided			bleeding.				has an altered mental status and
	to the adult, child, and infant patient	2		Demonstrate the techniques for				other medical patients requiring
	who demonstrate adequate			assessing the patient's skin color,				assessment.
	breathing.			temperature, condition, and capillary			5.	Attend to the feelings that these
8.	State what care should be provided			refill (infants and children only).			-	patients might be experiencing.
	to the adult, child, and infant patient	2		Demonstrate the ability to prioritize			6.	Demonstrate the patient care skills
	who do not demonstrate adequate			patients.			_	that should be used to assist with a
	breathing.			'				patient with no known history who is
9.	Differentiate between a patient who	Focused History	an	d Physical Exam - Trauma Patients				responsive.
	demonstrates adequate breathing	,		, , , , , , , , , , , , , , , , , , , ,			7.	Demonstrate the patient care skills
	and one who demonstrates	3 2 1 N					-	that should be used to assist with a
	inadequate breathing.	1	1.	Discuss the reasons for				patient who is unresponsive or who
10.	Distinguish between methods of			reconsideration concerning the				has an altered mental status.
 	assessing breathing in the adult,			mechanism of injury.				
	child, and infant patient.	2		State the reasons for performing a	De	etailed Phys	sical F	- xam
11.	Compare the methods of providing			rapid trauma assessment.	٠,	otanoa i iiyo	oloui i	
 	airway care to the adult, child, and	.3		Recite examples and explain why	3	2 1 N		
	infant patient.			patients should receive a rapid	Ū	,	1	Discuss the components of the
12	Describe the methods used to			trauma assessment.	_		- ''	detailed physical exam.
 	obtain a pulse.	4		Describe the areas included in the			2	State the areas of the body that are
13	Differentiate between obtaining a	'		rapid trauma assessment, and		- — — —		evaluated during the detailed
 	pulse in an adult, child, and infant			discuss what should be evaluated.				physical exam.
	patient.	F		Differentiate when the rapid			3.	
14	Discuss the need for assessing the	`		assessment may be altered in order		- — — —	_	be provided while performing the
 	patient for external bleeding.			to provide patient care.				detailed physical exam.
15	Describe normal and abnormal	F		Discuss the reason for performing a			4	Distinguish between the detailed
 	findings when assessing skin color.			focused history and physical exam.	_		• •	physical exam that is performed on
16	Describe normal and abnormal	7		Recognize and respect the feelings				a trauma patient and that of the
 	findings when assessing skin	'		that patients might experience during				medical patient.
	temperature.			assessment.			5.	Explain the rationale for the feelings
17	Describe normal and abnormal	۶		Demonstrate the rapid trauma		- — — —	_	that these patients might be
 	findings when assessing skin	`	<i>,</i>	assessment that should be used to				experiencing.
	condition.			assess a patient based on			6.	
18	Describe normal and abnormal			mechanism of injury.		- — — —	_ 0.	performing the detailed physical
 10.	findings when assessing skin			meenament of injury.				exam.
	capillary refill in the infant and child	Focused History	an	d Physical Exam - Medical Patients				CAGIII.
	patient.	i oodood i iiotoi y	uii	a i iliyolodi Exam Modiodi i dilonio	O	ngoing Asse	agem.	ent
10	Explain the reason for prioritizing a	3 2 1 N			Oi	ngoing Asse	555111	O. I.
 13.	patient for care and transport.	J Z I IN	1	Describe the unique needs for	3	2 1 N		
20	Explain the importance of forming a	'	٠.	assessing an individual with a	5	2 I IN	1	Discuss the reasons for repeating
 ۷٠.	general impression of the patient.			specific chief complaint with no		- — — —	- '-	the initial assessment as part of the
21	Explain the value of performing an			known prior history.				ongoing assessment.
 ۷١.	initial assessment.	2		Differentiate between the history			2.	
							۷.	

'	4.	ongoing assessment. Describe trending of assessment components. Explain the value of performing an ongoing assessment. Recognize and respect the feelings that patients might experience during assessment.	_	. —			13.	patient report that would be given to the staff at a receiving facility. Perform a brief, organized report that would be given to an ALS provider arriving at an incident scene at which the EMT-Basic was already providing care.		_	_ _	_ _ _	6.7.8.	medications may be found. Explain the rationale for the administration of medications. Demonstrate general steps for assisting patient with self-administration of medications. Read the labels and inspect each type of medication.
	ô.	Explain the value of trending	Do	cum	enta	tion			Б			_		•
		assessment components to other health professionals who assume	3	2	1	N			Res	pıra	itory	/ En	nerg	encies
		care of the patient.	Ū	_	•		1.	Explain the components of the	3	2	1	N		
·	7.	Demonstrate the skills involved in		_		_		written report and list the information				_	1.	List the structure and function of the
		performing the ongoing						that should be included on the						respiratory system.
		assessment.						written report.				_	2.	State the signs and symptoms of a
Communication			_	-	— -	_ '		Identify the various sections of the					2	patient with breathing difficulty.
Communications	5							written report. Describe what information is required		_	_	_	3.	Describe the emergency medical care of the patient with breathing
3 2 1 N				_		— `		in each section of the prehospital						difficulty.
0 2 1 11	1.	List the proper methods of initiating						care report and how it should be					4.	Recognize the need for medical
		and terminating a radio call.						entered.		_		_	••	direction to assist in the emergency
:	2.	State the proper sequence for				4	4.	Define the special considerations						medical care of the patient
		delivery of patient information.						concerning patient refusal.						with breathing difficulty.
;	3.	Explain the importance of effective	_			;		Describe the legal implications					5.	Describe the emergency medical
		communication of patient						associated with the written report.						care of the patient with breathing
	4	information in the verbal report.				_ '		Discuss all state and/or local record					6.	distress.
'	4.	Identify the essential components of the verbal report.						and reporting requirements. Explain the rationale for patient care		_		—	0.	Establish the relationship between airway management and the patient
!	5.	Describe the attributes for		_	_			documentation.						with breathing difficulty.
`		increasing effectiveness and				8		Explain the rationale for the EMS					7.	List signs of adequate air exchange.
		efficiency of verbal communications.		_				system gathering data.					8.	State the generic name, medication
(3.	State legal aspects to consider in				(9.	Explain the rationale for using						forms, dose, administration, action,
		verbal communication.						medical terminology correctly.						indications, and contraindications
	7.	Discuss the communication skills				_ ′		Explain the rationale for using an					_	for the prescribed inhaler.
		that should be used to interact with						accurate and synchronous clock so				—	9.	Distinguish between the emergency
	3.	the patient. Discuss the communication skills						that information can be used in trending.						medical care of the infant, child, and adult patient with breathing difficulty
'	٥.	that should be used to interact with						Complete a prehospital care report.					10	Differentiate between upper airway
		the family, bystanders, and	_	_	_	_		complete a premospital care report.	_	_		_	10.	obstruction and lower airway
		individuals from other agencies	UI	TIV	D:			MEDICAL						disease in the infant and child
		while providing patient care and the												patient.
		difference between skills used to	Ge	enera	al Ph	arma	acol	ogy				_	11.	Defend EMT-Basic treatment
		interact with the patient and those												regimens for various respiratory
,	`	used to interact with others.	3	2	1	N							40	emergencies.
·	9.	List the correct radio procedures in the following phases of a typical				_ `		Identify which medications will be		_	—	—	12.	Explain the rationale for administering an inhaler.
		call: to the scene, at the scene, to						carried on the unit. State the medications (generic					13	Demonstrate the emergency
		the facility, at the facility, to the	_	_	_	_ '		names) carried on the unit.	_	_		_	10.	medical care for breathing difficulty.
		station, and at the station.				:		Identify the medications that the					14.	Perform the steps in facilitating the
	10.	Explain the rationale for providing		_				EMT-B may assist the patient in				_		use of an inhaler.
_		efficient and effective radio						administering.						
		communications and patient reports.				4		State the medications (generic	Card	voib	asc	ular	Em	iergencies
	11.	Perform a simulated organized,						names) that the EMT-B can assist	2	2	4	N I		
	12	concise radio transmission. Perform an organized, concise						the patient with.	3	2	1	IN	1	Describe the structure and function
	۱۷.	i chomi an organized, condise				;	5.	Discuss the forms in which the				—	١.	Describe the structure and full clion

	of the cardiovascular system.			result in inappropriate shocks.		defibrillator.
 2.	Describe the emergency medical	2	20.	Explain the considerations for	38.	Discuss the components that should
	care of the patient experiencing			interruption of CPR when using the		be included in a case review.
	chest pain/discomfort.			automated external defibrillator.	39.	Discuss the goal of quality
3.	List the indications for automated	2	21.	Discuss the advantages and		improvement in automated external
	external defibrillation (AED).			disadvantages of automated external		defibrillation.
4.	List the contraindications for			defibrillators.	40.	Recognize the need for medical
 	automated external defibrillation.	2		Summarize the speed of operation of		direction of protocols to assist in the
5.	Define the role of EMT-B in the			automated external defibrillation.		emergency medical care of the
 ٠.	emergency cardiac care system.	2		Discuss the use of remote		patient with chest pain.
6.	Explain the impact of age and			defibrillation through adhesive pads.	41	List the indications for the use of
 0.	weight on defibrillation.	2		Discuss the special considerations		nitroglycerin.
7	Discuss the position of comfort for			for rhythm monitoring.	42	State the contraindications and side
 ٠.	patients with various cardiac	2		List the steps in the operation of the		effects in the use of nitroglycerin.
	emergencies.			automated external defibrillator.	43.	Define the functions of all controls
8.	Establish the relationship between			Discuss the standard of care that	43.	
 Ο.		————				on an automated external
	airway management and the patient			should be used to provide care to a		defibrillator, and describe event
^	with cardiovascular compromise.			patient with persistent ventricular		documentation and battery
 9.	Predict the relationship between the			fibrillation and no available advanced		defibrillator maintenance.
	patient experiencing cardiovascular	_		cardiac life support (ACLS).	44.	Defend the reasons for obtaining
4.0	compromise and basic life support.	2		Discuss the standard of care that		initial training in automated external
 10.	Discuss the fundamentals of early			should be used to provide care to a		defibrillation and the importance of
	defibrillation.			patient with recurrent ventricular		continuing education.
 11.	Explain the rationale for early			fibrillation and no available advanced	45.	Defend the reason for maintenance
	defibrillation.	_		cardiac life support (ACLS).		of automated external defibrillators.
 12.	Explain that not all chest pain			Differentiate between the single	46.	Explain the rationale for
	complaints result in cardiac arrest			rescuer and multi-rescuer care with		administering nitroglycerin to a
	and that each patient with a chest	_		an automated external defibrillator.		patient with chest pain or
	pain complaint does not need to be	2		Explain the reason for pulses not		discomfort.
	attached to an automated external			being checked between shocks with	47.	Demonstrate the assessment and
	defibrillator.	_		an automated external defibrillator.		emergency medical care of a patient
 13.	Explain the importance of	3		Discuss the importance of		experiencing chest pain/discomfort.
	prehospital advanced cardiac life			coordinating advanced cardiac life	48.	• • • • • • • • • • • • • • • • • • •
	support (ACLS) intervention if it is			support (ACLS) trained providers		operation of the automated external
	available.			with personnel using automated		defibrillator.
 14.	1			external defibrillators.	49.	Demonstrate the maintenance of an
	transport to a facility with advanced	3		Discuss the importance of post-		automated external defibrillator.
	cardiac life support (ACLS) if it is			resuscitation care.	50.	Demonstrate the assessment and
	not available in the prehospital	3		List the components of post-		documentation of patient response
	setting.			resuscitation care.		to the automated external
 15.	Discuss the various types of	3		Explain the importance of frequent		defibrillator.
	automated external defibrillators.			practice with the automated external	51.	Demonstrate the skills necessary to
 16.	Differentiate between the fully			defibrillator.		complete the Automated
	automated and the semiautomated	3		Discuss the need to complete the		Defibrillator: Operator's Shift
	defibrillator.			Automated Defibrillator: Operator's		Checklist.
 17.	Discuss the procedures that must			Shift Checklist.	52.	Perform the steps in facilitating the
	be taken into consideration for	3	35.	Discuss the role of the American		use of nitroglycerin for chest pain or
	standard operations of the various			Heart Association (AHA) in the use		discomfort.
	types of automated external			of automated external defibrillation.	53.	Demonstrate the assessment and
	defibrillators.	3	36.	Explain the role medical direction		documentation of patient response
 18.	State the reasons for assuring that			plays in the use of automated		to nitroglycerin.
	the patient is pulseless and apneic			external defibrillation.	54.	Practice completing a prehospital
	when using the automated external	3		State the reasons why a case review		care report for patients with cardiac
	defibrillator.			should be completed following the		emergencies.
 19.	Discuss the circumstances that can			use of the automated external		

Diabetes/Alter	ed M	lental Status		auto-injector.	8.	Explain the rationale for
			6.	Evaluate the need for medical		administering activated charcoal.
3 2 1 N				direction in the emergency medical	9.	Explain the rationale for contacting
	1.	Identify the patient with altered		care of the patient with an allergic		medical direction early in the
		mental status taking diabetic		reaction.		prehospital management of the
		medications and the implications of	7	Differentiate between the general		poisoning or overdose patient.
		a diabetes history.		category of those patients having an	10	. Demonstrate the steps in
	2.	State the steps in the emergency		allergic reaction and those patients		emergency medical care of the
	۷.	medical care of the patient with an		having an allergic reaction and		patient with possible overdose.
					4.4	
		altered mental status and a history		requiring immediate medical care,	''	. Demonstrate the steps in
	•	of diabetes taking diabetic medicine.		including immediate use of		emergency medical care of the
	3.	Establish the relationship between	_	epinephrine auto-injector.		patient with suspected poisoning.
		airway management and the patient	8.	Explain the rationale for	12	. Perform the necessary steps
		with altered mental status.		administering epinephrine using an		required to provide a patient with
	4.	State the generic and trade names,		auto-injector.		activated charcoal.
		medication forms, dose,	9.	Demonstrate the emergency medical	13	. Demonstrate the assessment and
		administration, action, and		care of the patient experiencing an		documentation of patient response.
		contraindications for oral glucose.		allergic reaction.	14	. Demonstrate proper disposal of
	5.	Evaluate the need for medical	10.	Demonstrate the use of epinephrine		administration of activated charcoal
		direction in the emergency medical		auto-injector.		equipment.
		care of the diabetic patient.	11	Demonstrate the assessment and	15	. Demonstrate completing prehospital
	6.	Explain the rationale for		documentation of patient response to		care reports for patients with
	0.	administering oral glucose.		an epinephrine injection.		poisoning/overdose emergencies.
	7.	Demonstrate the steps in the	12	Demonstrate proper disposal of		poisoning/overdose emergencies.
	١.		12.		Environmental En	arranaiaa
		emergency medical care for the	10	equipment.	Environmental En	lergericles
		patient with an altered mental status	13.	Demonstrate completing prehospital	0 0 4 N	
		and a history of diabetes taking		care reports for patients with allergic	3 2 1 N	D
	•	diabetic medicine.		emergencies.	1.	Describe the various ways that the
	8.	Demonstrate the steps in the	.			body loses heat.
	_	administration of oral glucose.	Poisoning/Overdos	e	2.	List the signs and symptoms of
	9.	Demonstrate the assessment and				exposure to cold.
		documentation of patient response	3 2 1 N		<u> </u>	Explain the steps in providing
		to oral glucose.	1.	List various ways that poisons enter		emergency medical care to a patient
	10.			the body.		exposed to cold.
		prehospital care reports for patients	2.	List signs/symptoms associated with	4.	List the signs and symptoms of
		with diabetic emergencies.		poisoning.		exposure to heat.
			3.	Discuss the emergency medical care	5.	Explain the steps in providing
Allergies				for the patient with possible		emergency care to a patient
				overdose.		exposed to heat.
3 2 1 N			4.	Describe the steps in the emergency	6.	Recognize the signs and symptoms
	1.	Recognize the patient experiencing		medical care for the patient with		of water-related emergencies.
		an allergic reaction.		suspected poisoning.	7.	Describe the complications of near
	2.	Describe the emergency medical	5.	Establish the relationship between		drowning.
		care of the patient with an allergic		the patient suffering from poisoning	8.	
		reaction.		or overdose and airway		care of bites and stings.
	3.	Establish the relationship between		management.	9.	Demonstrate the assessment and
	٠.	the patient with an allergic reaction	6.	State the generic and trade names,		emergency medical care of a patient
		and airway management.	0.	indications, contraindications,		with exposure to cold.
	4.	Describe the mechanisms of allergic			10	. Demonstrate the assessment and
	4.			medication form, dose,	10	
		response and the implications for		administration, actions, side effects,		emergency medical care of a patient
	_	airway management.		and re-assessment strategies for		with exposure to heat.
	5.	State the generic and trade names,	-	activated charcoal.	11	. Demonstrate the assessment and
		medication forms, dose,	/.	Recognize the need for medical		emergency medical care of a near
		administration, action, and		direction in caring for the patient with		drowning patient.
		contraindications for the epinephrine		poisoning or overdose.	12	. Demonstrate completing a

				prehospital care report for patients	_	preparation of the mother.		emergency medical care of the
				with environmental emergencies.	^{7.}	Establish the relationship between	00	mother with excessive bleeding.
Dahavia	1			naina		body substance isolation and	— — — ^{29.}	Demonstrate completing a
Behavio	orai	ΕIII	erge	ncies	0	childbirth.		prehospital care report for patients
3 2	1	NI			8.	State the steps to assist in the delivery.		with obstetrical/gynecological emergencies.
3 2	'	IN	1	Define behavioral emergencies.	9.	Describe care of the baby as the		emergencies.
	—	_		Discuss the general factors that	— — — ^{3.}	head appears.	UNIT E.	TRAUMA
		_		may cause an alteration in a	10.	Describe how and when to cut the	OIIII L.	
				patient's behavior.		umbilical cord.	Bleeding and Shoc	k
			3.	State the various reasons for	11.	Discuss the steps in the delivery of	Diodaling and Onloo	•
	_	_	-	psychological crises.		the placenta.	3 2 1 N	
			4.	Discuss the characteristics of an	12.	List the steps in the emergency	1.	List the structure and function of the
				individual's behavior that suggest		medical care of the mother post-		circulatory system.
				that the patient is at risk for suicide.		delivery.	2.	Differentiate between arterial,
			5.	Discuss special medical/legal	13.	Summarize neonatal resuscitation		venous, and capillary bleeding.
				considerations for managing		procedures.	3.	State methods of emergency
				behavioral emergencies.	14.			medical care for external bleeding.
			6.	Discuss the special considerations		following abnormal deliveries:	4.	Establish the relationship between
				for assessing a patient with		breech birth, prolapsed cord, and		body substance isolation and
			_	behavioral problems.		limb presentation.	_	bleeding.
			7.	Discuss the general principles of an	15.	Differentiate the special	5.	Establish the relationship between
				individual's behavior that suggest	40	considerations for multiple births.		airway management and the trauma
			_	that he or she is at risk for violence.	<u> </u>	Describe special considerations of	0	patient.
	—	—	8.	Discuss methods to calm behavioral	17	meconium.	— — — ^{6.}	Establish the relationship between
			9.	emergency patients. Explain the rationale for learning		Describe special considerations of a		mechanism of injury and internal
	—	—	9.	how to modify your behavior toward	18	premature baby. Discuss the emergency medical care	7.	bleeding. List the signs of internal bleeding.
				the patient experiencing a	— — — ^{10.}	of a patient with a gynecological	_{8.}	List the steps in the emergency
				behavioral emergency.		emergency.	0.	medical care of the patient with
			10.	Demonstrate the assessment and	19	Explain the rationale for		signs and symptoms of internal
	_	_		emergency medical care of the		understanding the implications of		bleeding.
				patient experiencing a behavioral		treating two patients (mother and	9.	List signs and symptoms of shock
				emergency.		baby).		(hypoperfusion).
			11.	Demonstrate various techniques to	20.	Demonstrate the steps to assist in	10.	State the steps in the emergency
				safely restrain a patient with a		the normal cephalic delivery.		medical care of the patient with
				behavioral problem.	21.	Demonstrate necessary care		signs and symptoms of shock
						procedures of the fetus as the head		(hypoperfusion).
Obstetr	ics/	'Gyn	ecol	ogy		appears.	11.	Explain the sense of urgency to
					22.	Demonstrate infant neonatal		transport patients who are bleeding
3 2	1	N		II. de di e il i i i i		procedures.		and who show signs of shock
			1.	Identify the following structures:	^{23.}	Demonstrate post delivery care of	40	(hypoperfusion).
				uterus, vagina, fetus, placenta,	0.4	infant.	^{12.}	Demonstrate direct pressure as a
				umbilical cord, amniotic sac, and	24.	Demonstrate how and when to cut		method of emergency medical care
			2.	perineum. Identify and explain the use of the	25	the umbilical cord. Attend to the steps in the delivery of	12	of external bleeding. Demonstrate the use of diffuse
	—	—	۷.	contents of an obstetrics kit.	25.	the placenta.	13.	pressure as a method of emergency
			3.	Identify predelivery emergencies.	26	Demonstrate the post-delivery care		medical care for external bleeding.
	—		3. 4	State indications of an imminent	20.	of the mother.	14	Demonstrate the use of pressure
	_	_	••	delivery.	27	Demonstrate the procedures for the		points and tourniquets as a method
			5.	Differentiate the emergency medical		following abnormal deliveries:		of emergency medical care for
	_	_		care provided to a patient with		vaginal bleeding, breech birth,		external bleeding.
				predelivery emergencies from a		prolapsed cord, and limb	15.	Demonstrate the care of the patient
				normal delivery.		presentation.		exhibiting signs and symptoms of
			6.	State the steps in the predelivery	28.	Demonstrate the steps in the		internal bleeding.

	40	Decree of the three constitutions of the configuration	0.4	The first of the contract of t		
	16.	Demonstrate the care of the patient	^{21.}	List the functions of dressing and		prehospital care report for patients
		exhibiting signs and symptoms of	22	bandaging.		with soft tissue injuries.
	17	shock (hypoperfusion).		Describe the purpose of a bandage.	Museuleskeletel Co	are.
	17.	Demonstrate completing a	^{23.}	Describe the steps in applying a	Musculoskeletal Ca	are
		prehospital care report for patient	24	pressure dressing.	2 2 4 N	
		with bleeding and/or shock	<u> </u>	Establish the relationship between	3 2 1 N	Describe the function of the
		(hypoperfusion).		airway management and the patient	— — —	
Coff Tionus Ini	iuriaa			with chest injury, burns, and blunt	2	muscular system.
Soft Tissue Inj	juries	i	25	and penetrating injuries.	2.	Describe the function of the skeletal
2 2 1 N			^{25.}	Describe the effects of improperly	2	system.
3 2 1 N	4	Chata the major functions of the		applied dressings, splints, and	3.	List the major bones or bone
	١.	State the major functions of the	26	tourniquets.		groupings of the spinal column, the
	2	skin.	^{20.}	Describe the emergency medical		thorax, the upper extremities, and
	2.	List the layers of the skin.		care of a patient with an impaled	4	the lower extremities.
	3.	Establish the relationship between	07	object.	4.	Differentiate between an open and a
		body substance isolation (BSI) and	^{27.}	Describe the emergency medical		closed painful, swollen, deformed
	4	soft tissue injuries.	20	care of a patient with an amputation.	F	extremity.
	4.	List the types of closed soft tissue	<u> </u>	Describe the emergency care for a	— — — 5.	State the reasons for splinting.
	_	injuries.	20	chemical burn.	$ \frac{6}{7}$	List the general rules of splinting.
	5.	Describe the emergency medical	^{29.}	Describe the emergency care for an	<u>'</u> .	List the complications of splinting.
		care of the patient with a closed soft	20	electrical burn.	8.	List the emergency medical care for
	•	tissue injury.	<u> </u>	Demonstrate the steps in the		a patient with a painful, swollen,
	6.	State the types of open soft tissue		emergency medical care of closed	0	deformed extremity.
	_	injuries.	24	soft tissue injuries.	<u> </u>	Explain the rationale for splinting at
	7.	Describe the emergency medical	<u> </u>	Demonstrate the steps in the	40	the scene versus load and go.
		care of the patient with an open soft		emergency medical care of open soft	<u> </u>	Explain the rationale for
	0	tissue injury.	20	tissue injuries.		immobilization of the painful,
	8.	Discuss the emergency medical	<u> </u>	Demonstrate the steps in the	4.4	swollen, deformed extremity.
		care considerations for a patient		emergency medical care of a patient	$ ^{11}$	Demonstrate the emergency
	^	with a penetrating chest injury.	00	with an open chest wound.		medical care of a patient with a
	9.	State the emergency medical care	^{33.}	Demonstrate the steps in the		painful, swollen, deformed
		considerations for a patient with an		emergency medical care of a patient	40	extremity.
	40	open wound to the abdomen.	24	with open abdominal wounds.	<u> </u>	Demonstrate completing prehospital
	10.	Differentiate the care of an open	<u> </u>	Demonstrate the steps in the		care reports for patients with
		wound to the chest from an open		emergency medical care of a patient		musculoskeletal injuries.
	4.4	wound to the abdomen.	0.5	with an impaled object.	Initiation to the Library	d Anad Onina
		List the classifications of burns.	<u> </u>	Demonstrate the steps in the	Injuries to the Head	a Ana Spine
		Define superficial burn.		emergency medical care of a patient	0 0 4 N	
	13.	List the characteristics of a	20	with an amputation.	3 2 1 N	Otata da caracteratura
	4.4	superficial burn.	<u> </u>	Demonstrate the steps in the	1.	State the components of the
		Define partial thickness burn.		emergency medical care of an	0	nervous system.
	15.	List the characteristics of a partial	27	amputated part.	2.	List the functions of the central
	46	thickness burn.	^{37.}	Demonstrate the steps in the	2	nervous system.
		Define full thickness burn.		emergency medical care of a patient	3.	Define the structure of the skeletal
	17.	List the characteristics of a full	20	with superficial burns.		system as it relates to the nervous
	40	thickness burn.	<u> </u>	Demonstrate the steps in the	4	system.
	18.			emergency medical care of a patient	4.	Relate mechanism of injury to
		care of the patient with a superficial	20	with partial thickness burns.		potential injuries of the head and
	40	burn.	39.	Demonstrate the steps in the	_	spine.
	19.	Describe the emergency medical		emergency medical care of a patient	5.	Describe the implications of not
		care of the patient with a partial	40	with full thickness burns.		properly caring for potential spine
	00	thickness burn.	^{40.}	Demonstrate the steps in the	•	injuries.
	20.	Describe the emergency medical		emergency medical care of a patient	6.	State the signs and symptoms of a
		care of the patient with a full		with a chemical burn.	_	potential spine injury.
		thickness burn.	41.	Demonstrate completing a	/.	Describe the method of determining

	if a responsive patient may have a	30.	Explain the rationale for utilizing		respiratory emergencies.
	spine injury.		rapid extrication approaches only	5.	Differentiate between respiratory
8	Relate the airway emergency		when they will make the difference		distress and respiratory failure.
	medical care techniques to the		between life and death.	6.	List the steps in the management of
	patient with a suspected spine	31.	Defend the reasons for leaving a		foreign body airway obstruction.
	injury.		helmet in place for transport of a	7.	Summarize emergency medical
g	Describe how to stabilize the		patient.		care strategies for respiratory
	cervical spine.	32.	Defend the reasons for removal of a		distress and respiratory failure.
1	Discuss indications for sizing and		helmet prior to transport of a patient.	8.	Identify the signs and symptoms of
	using a cervical spine	33.	Demonstrate opening the airway in a		shock (hypoperfusion) in the infant
	immobilization device.		patient with suspected spinal cord		and child patient.
1	Establish the relationship between		injury.	9.	Describe the methods of
	airway management and the patient	34.	Demonstrate evaluating a responsive		determining organ perfusion in the
	with head and spine injuries.		patient with a suspected spinal cord		infant and child patient.
1	Describe a method for sizing a		injury.	10.	State the usual cause of cardiac
	cervical spine immobilization device.	35.	Demonstrate stabilization of the		arrest in infants and children versus
1	Describe how to log roll a patient	00.	cervical spine.		adults.
	with a suspected spine injury.	36	Demonstrate the four person log roll	11.	
1	Describe how to secure a patient to	00.	for a patient with a suspected spinal		in the infant and child patient.
	a long spine board.		cord injury.	12	Describe the management of
1	List instances when a short spine	37	Demonstrate how to log roll a patient		seizures in the infant and child
	board should be used.	07.	with a suspected spinal cord injury		patient.
1	Describe how to immobilize a		using two people.	13.	•
	patient using a short spine board.	38	Demonstrate securing a patient to a	10.	patterns in adults, infants, and
4	Describe the indications for the use	00.	long spine board.		children.
	of rapid extrication.	30	Demonstrate using the short board	14	Discuss the field management of
4	List steps in performing rapid	33.	immobilization technique.	— — — I	the infant and child trauma patient.
	extrication.	40	Demonstrate procedure for rapid	15	Summarize the indicators of
4	State the circumstances when a	— — — ^{+0.}	extrication.	10.	possible child abuse and neglect.
	helmet should be left on the patient.	/11	Demonstrate preferred methods for	16	Describe the medical legal
•	Discuss the circumstances when a	— — — - ' ''	stabilization of a helmet.	<u> </u>	responsibilities in suspected child
	helmet should be removed.	42	Demonstrate helmet removal		abuse.
•	Identify different types of helmets.	<u> </u>	techniques.	17.	
	Describe the unique characteristics	13	Demonstrate alternative methods for		debriefing following a difficult infant
	of sports helmets.	— — — — + 3.	stabilization of a helmet.		or child transport.
,	Explain the preferred methods to	11	Demonstrate completing a	18.	Explain the rationale for having
	remove a helmet.		prehospital care report for patients	10.	knowledge and skills appropriate for
,	Discuss alternative methods for		with head and spinal injuries.		dealing with the infant and child
	removal of a helmet.		with flead and Spirial Injuries.		patient.
,	Describe how the patient's head is	UNIT F:	INFANTS AND CHILDREN	19.	·
	stabilized to remove the helmet.	ONIT I.	INI ANTO AND CHIEDREN	19.	when dealing with an ill or injured
•	Differentiate how the head is	Infants and Childre	an		infant or child.
	stabilized with a helmet compared	illiants and Childre	511	20	Understand the provider's own
		3 2 1 N		<u> </u>	
,	to without a helmet. Explain the rationale for		Identify the developmental		response (emotional) to caring for infants or children.
		·	considerations for the following age	21	
	immobilization of the entire spine				Demonstrate the techniques of
	when a cervical spine injury is		groups: infant, toddler, pre-school,		foreign body airway obstruction removal in the infant.
,	suspected.	2	school age, and adolescent.	າາ	
	Explain the rationale for utilizing	2.	Describe differences in anatomy and	<u> </u>	Demonstrate the techniques of
	immobilization methods apart from		physiology of the infant, child, and		foreign body airway obstruction
,	the straps on the cots.	•	adult patient.	00	removal in the child.
	Explain the rationale for utilizing a	— — — ^{3.}	Differentiate the response of the ill or	23.	Demonstrate the assessment of the
	short spine immobilization device		injured infant or child (age specific)	0.4	infant and child.
	when moving a patient from the	4	from that of an adult.	24.	Demonstrate bag-valve-mask
	sitting to the supine position.	^{4.}	Indicate various causes of		artificial ventilations for the infant.

2. Demonstrate oxygen delivery for the infernat and child. WIT G: OPERATIONS OPERATIONS		_ 25.	Demonstrate bag-valve-mask artificial ventilations for the child.	Gaining Access		UNIT H:	ADVANCED AIRWAY (ELECTIVE)
UNIT G: OPERATIONS		26.		3 2 1 N		Advanced Airway	
UNIT G: OPERATIONS		_		1.	Describe the purpose of extrication.	•	
Ambulance Operations				_{2.}		3 2 1 N	
Ambulance Operations 4. Define the fundamental components 5. It is the provided and nonmedical equipment meeded to nonmedical equipment meeded to nonmedical equipment meeded to to protect the patient during 2. List the phases of an ambulance call. 3. Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following access to the patient. 4. List of the following access, in the following access to the patient. 5. Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following access to the patient. 6. Describe the considerations that should be given to: requesting an escontinuing and the patient of the patient of the properties of a privilege in any or all of the following access. 6. Describe the considerations that should be given to: requesting an escont children and approaching an intersection. 6. Describe the considerations that should be given to: requesting an escort, following an escort vehicle, and approaching an intersection. 6. Discuss To be Regard for Safety of All Others' while operating an expert vehicle, and approaching an intersection. 7. Discuss To be Regard for Safety of All Others' while operating an expert vehicle, and approaching an intersection by standards and properties by raised of the patient of the pa	UNIT G:		OPERATIONS			1.	Identify and describe the airway
3 2 1 N 1. Discuss the medical and nonmedical equipment needed to respond to a call. 2. List the phases of an ambulance calculation of the patient during extincation. 3. Explain the pathophysiology of airway compromise. 4. List the phases of an ambulance calculation of the ambulance and privileges in any or all of the following categories: speed, warning lights, sinens, right-low-way, parking, and turning. 4. List contributing factors to unsafe divining. 5. Describe the considerations that should be given to: recuesting an access to the patient. 5. Describe the considerations that should be given to: requesting an access to the patient. 5. Describe the considerations that should be given to: requesting an access to the patient. 6. Discuss the medical and normalized and privileges in any or all of the following categories: speed, warning lights, sinens, right-low-way, parking, and turning. 4. List contributing factors to unsafe divining conditions. 5. Describe the considerations that should be given to: requesting an access to the patient of the patient and provided the provided and provided and provided provided provided and provided provided provided and provided provided provided and provided pr				3.	Identify what equipment for personal		anatomy in the infant, child, and
3 2 1 N 1. Discuss the medical and nonmedical equipment needed to respond to a call. 2. List the phases of an ambulance and privileges in a call. 3. Describe the general provisions of state that steps that should be taken to protect the patient. 3. Describe the general provisions of state laws relating to the operation of the ambulance and privileges in of the ambulance and privileges in ordinary and the state laws relating to the operation of the ambulance and privileges in ordinary and the state laws relating to the operation of the ambulance and privileges in ordinary that the state is a state laws relating to the operation of the ambulance and privileges in ordinary that the state is a state laws relating to the operation of the ambulance and privileges in the state is a state and the state and	Ambulance C	Operat	ions		•		
1. Discuss the medical and nonmedical equipment needed to respond to a call. 2. List the phases of an ambulance call. 3. Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following categories, speed, warming lights, sirrens, right-of-way, panking, and turning. 4. List one considerations that should be given to recuesting an escort, following an escort vehicle, and approaching an intersection. 5. Describe the considerations that should be given to: recuesting an escort, following an escort vehicle, and approaching an intersection. 6. Discuss 'Even Regard for Safety of All Others' while operating an emergency whice. 7. State what information is essential or order to respond to a call. 9. Differentiate between the various methods of gaining access to the patient. dorsolowing the temporary adjuncts. 5. Describe the wide discussion, and technique for insertion of nasas against cubes. Some part of patients of the medical one, conditions, and exhault of the phase and part of the patients				^{4.}	•	^{2.}	
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21.	esophageal intubation. Describe the skill of securing the endotracheal tube in the adult,	6.	of communicable diseases for the EMT-Basic in the line of duty. Discuss the reasons for disinfection		5. Name the three things one must know to calculate drip rates.6. Name seven signs and symptoms of
22.	infant, and child patient. Recognize and respect the feelings of the patient and family during	7.	procedures of the ambulance. Discuss the duty of the EMT-Basic in regard to treatment and		pyrogenic reaction.State the treatment for pyrogenic reaction.
23.	advanced airway procedures. Explain the value of performing		transportation of patients with communicable diseases.		Name three signs of local infiltration of IV.
	advanced airway procedures.				9. State the treatment of infiltration.
24.	Defend the need for the EMT-Basic to perform advanced airway	Hazardous Materia	als		10. Name the signs and symptoms of thrombophlebitis.
25.	procedures. Explain the rationale for the use of a	3 2 1 N 1.	Name nine (9) classes of hazardous		 State the treatment of thrombophlebitis.
26	stylet.	2	materials.		12. Name three causes of circulatory
	Explain the rationale for having a suction unit immediately available	2.	Recognize hazardous material placards.		overload. 13. Name four signs of circulatory
	during intubation attempts.	3	Name four (4) clues to hazardous		overload.
27.	Explain the rationale for confirming		materials presence.		14. State the treatment of circulatory
	breath sounds.	4.	Identify levels of personal protection.		overload.
28.	Explain the rationale for securing	_{5.}	Using a Department of		15. Name five signs of air embolism.
	the endotracheal tube.		Transportation (DOT) emergency		16. State the treatment for air
29.	Demonstrate how to perform the		response guidebook (ERG), locate		embolism.
	Sellick maneuver (cricoid pressure).		response guidelines for specific		17. State the procedure the EMT-Basic
30.	Demonstrate the skill of orotracheal		hazardous materials.		must know to discontinue an IV.
0.4	intubation in the adult patient.	6.	Identify decontamination procedures.		18. State the role of the EMT-Basic
31.	Demonstrate the skill of orotracheal	/.	Discuss at least three (3) situations		involving IV therapy.
	intubation in the infant and child		in which the EMT-Basic may		19. Calculate various drip rates.
22	patient. Demonstrate the skill of confirming		encounter a hazardous material problem.		 Demonstrate setting/changing drip rates.
	endotracheal tube placement in the	8.	Discuss how and when to notify		21. Demonstrate the steps necessary to
	adult patient.	0.	Chemtrec.		discontinue an IV.
33	Demonstrate the skill of confirming		Chemico.		discontinue di i i v .
	endotracheal tube placement in the infant and child patient.	Weapons of Mass	Destruction	Pneumatic Ant	i-Shock Garments
34.	Demonstrate the skill of securing	3 2 1 N		3 2 1 N	
	the endotracheal tube in the adult	1.	Discuss types of terrorist events.		 List the indications for pneumatic
	patient.	2.	Discuss how to identify a terrorist		anti-shock garment (P.A.S.G.)
35.	Demonstrate the skill of securing		event.		application.
	the endotracheal tube in the infant	3.	Discuss how to respond to and deal		2. List the contraindication(s) for
	and child patient.	4.	with harms from a terrorist event. Identify characteristics of agents that		P.A.S.G. 3. Identify breath sounds, particularly
ENRICHMENT MC	DULE 1A: PREPARATORY	4.	could be used as weapons.		rales, as a contraindication for P.A.S.G. application.
Infection Control		ENRICHMENT MO	DULE 5A: TRAUMA		Demonstrate the procedure for the application of P.A.S.G.
3 2 1 N		I.V. Maintenance			Demonstrate the procedure for
1.	List the routes of transmission for				deflation of P.A.S.G.
	communicable diseases.	3 2 1 N			
2.	Identify general precautions to be taken by the EMT-Basic.	1.	State the use of D5W and volume expander solutions.		
3.	Identify procedures for minimizing	2.	Name two types of venipuncture		
	risk.		devices.		
4.	State the procedures for disinfecting	3.	Name three parts of a drip set.		
	the ambulance.	4.	State the difference between a mini		
5.	Discuss the most threatening mode		drip set and a regular drip set.		